www.ncat.edu

Office: 336.334.7551

Fax: 336.256.2421

Faculty/Staff-Led Study Abroad OIA Travel Registry Requirements

A LAND-GRANT UNIVERSITY and A CONSTITUENT INSTITUTION of THE UNIVERSITY of NORTH CAROLINA

New requests for **Faculty/Staff-Led Study Abroad Programs** must be submitted in the **OIA Travel Registry** at least 365 days before travel. Renewals of such programs may be submitted at least 180 days (6 months) prior to travel.

Pre-approval for travel is processed through the **OIA Travel Registry** (https://travelregistry.ncat.edu). Once pre-approval is obtained, travelers must upload confirmation from the OIA Travel Registry to Chrome River for the final approval. The final approval will be determined by the traveler's Immediate Supervisor, College Dean, or respective Vice Chancellor as the Chancellor's designee in Chrome River. A signed MOU/agreement with the travel provider is mandatory (please contact Kimberly Tyson at kktyson@ncat.edu with any questions). If an MOU/agreement is not in place, the travel will be denied.

Upon approval in Chrome River, faculty/staff may begin recruiting students for their program and finalize travel arrangements. Once travel is finalized, travelers are required to return to the OIA Travel Registry to update their final itinerary and upload the required forms listed below. Study Abroad students are responsible for completing their travel in the OIA travel registry and uploading their required forms as listed in the International Travel section of the OIA webpage (https://www.ncat.edu/academics/international-affairs/international-travel/index.php).

For questions about the Chrome River process, please contact Sonya Foster, Travel Card Administrator (spfoste1@ncat.edu; 336.285.2998).

Travelers must log into the OIA Travel Registry using their OneID credentials and select "<u>Faculty/Staff-</u> **Led Study Abroad**" as the reason for travel. The following information is required for approval:

1601 E. Market Street

Greensboro, NC 27411

- Itinerary
- Purpose of Travel (must relate to Preeminence 2030)
- Funding Source
- Acknowledgement of Travel
- Notice of Leave
- Description of Travel
- Provider Information
- Revised Budget (number of students and associated costs)
- Chaperone Information
- Insurance Coverage Information
- Personal Travel Plans (if applicable)
- In-Country Emergency Contact
- Upload Daily Itinerary
- Upload Student Disciplinary Record Check Clearance Letter
- Upload Participant Travel Manifest Form
- Upload Travel Exception Form (if applicable)

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- Upload Receipt of Payment for International Travel Health Insurance (insurance cannot be purchased until the final approval in Chrome River has been granted)
- Upload Required Travel Visa (if applicable)
- Acknowledgement of University Travel Policy

Insurance Requirements: Travelers are required to complete the following steps:

- Complete the **Insurance Roster Form** (available in the International Travel section of the OIA webpage) and request the **Insurance Transmittal Form** from Alitta Satchell (agsatchell@ncat.edu) as it contains sensitive fund information.
- Submit payment along with the Insurance Transmittal Form to the Office of the Treasurer (First floor of the Dowdy Building). Online payment is not available at this time.
- After receiving your receipt, upload proof of payment in the OIA Travel Registry in the designated upload section, and send both the receipt and the Insurance Roster Form to Alitta Satchell who will then enroll travelers in **GeoBlue International Travel Health Insurance**.

All travelers are required to purchase and enroll in GeoBlue International Travel Health Insurance, regardless of whether insurance is provided by their travel provider.

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GeoBlue 2024 – 2025 Rates

Effective 08/01/2024 - 07/31/2025

Study Abroad – Outbound

- -				
Study Abroad 2024-2025				
*Includes Post Departure Trip Interruption Benefit				
Student & Faculty Daily				
Participant (up to age 74)	\$1.48			
Participant and Spouse	\$4.55			
Participant and Family	\$7.80			
Participant and (Child)ren	\$4.75			

Study Abroad 2024-2025 Unlimited Coverage				
(Czech Republic, Finland, Germany, S. Korea, & Spain)				
Student & Faculty Daily				
Participant (up to age 74)	\$1.63			
Participant and Spouse	\$5.01			
Participant and Family	\$8.58			
Participant and (Child)ren	\$5.22			

Business Traveler Program - Outbound

Business Traveler Plan - Daily Premium - Age 0-69 - includes Political Evacuation Rider and Natural Disaster Rider					
Daily					
Participant	\$3.90				
Participant & Spouse	\$7.80				
Participant & Family (one child)	\$11.70				
Participant & Child (one child, each	\$7.80				
additional child \$3.90)					

Business Traveler Plan - Daily Premium - Age 70-76 -					
includes Political Evacuation Rider and Natural Disaster Rider					
Daily					
Participant	\$4.90				
Participant & Spouse	\$9.80				
Participant & Family (one child)	\$14.70				
Participant & Child (one child, each additional child \$3.90)	\$9.80				

Business Traveler Plan - Daily Premium - Age 77-80- includes Political Evacuation Rider and Natural Disaster Rider						
Daily						
Participant	\$5.40					
Participant & Spouse	\$10.80					
Participant & Family (one child)	\$16.20					
Participant & Child (one child, each	\$10.80					
additional child \$3.90)						

NORTH CAROLINA A&T STATE UNIVERSITY INSURANCE ROSTER: 2024-25

Name of Institution:	NC A&T State University	Return form to: Office of International Affairs			
Name of Program:		1601 East Market St			
Location (City & Country)		Frye Hall, 2 nd Floor, Room 213			
Coverage Dates		Greensboro, NC 27411			
Total number of days					
☐ Participant Only	Participant and Family	Contact Person: Alitta Satchell			
		agsatchell@ncat.edu			
Participant and Spouse	Participant and Child	Phone (336) 344-7551 Fax (336) 256-2421			

First Name	Last Name	Date of Birth	Gender	Coverage from- Coverage to dates	Home Country	
Home Address	City	State	Zip	Phone number	Email	

NORTH CAROLINA A&T STATE UNIVERSITY

Alitta

TRANSMITTAL FORM

SUBMITTED BY: Satchell

International FAffairs

Abroad Insurance

				Abroad Insurance		
DESCRIPTION	BANK	FUND	ORG	ACCT	PROG	AMOUNT
	10	120100	24540	F0700	150	
	10	130180	31519	50790	152	
	+					
	1		<u> </u>	ı	1	

TOTAL