

## UT Dallas Athletics Foreign Tour Proposal Form

<b>Sport's Team</b>		
<b>Contact Person Name</b>	_____	UTD e-mail _____
<b>Head Coach Name</b>	_____	UTD e-mail _____

**17.29.1.3 Timing of Tour.** Enter the tour and term information. Review the [Academic Calendar](#). Request risk authorization if applicable before routing for signatures.

Location(s) of foreign tour \_\_\_\_\_

Risk authorization is required for any program going to a high risk region. Include authorization with this request if applicable. Check requirement at: [utdallas.edu/rs/hrr/](http://utdallas.edu/rs/hrr/). Submit inquiries and requests for risk authorization to [ICRSO@utdallas.edu](mailto:ICRSO@utdallas.edu).

Foreign tour dates (mm/dd/yy) Departure \_\_\_\_\_ Return \_\_\_\_\_ Term (F, S, U) \_\_\_\_\_

First day of term class (mm/dd/yy) \_\_\_\_\_ Last day of exams for term (mm/dd/yy) \_\_\_\_\_

**17.29.1.7 Enter Number of Contests/Competition Dates**

**17.29.1.4 Time Lapse Between Tours.** Enter the dates in which the team noted on this form last participated in a foreign tour. Note that participation during the summer is counted in the previous academic year.

Foreign tour dates (mm/dd/yy) Departure \_\_\_\_\_ Return \_\_\_\_\_ Term (F, S, U) \_\_\_\_\_

First day of term class (mm/dd/yy) \_\_\_\_\_ Last day of exams for term (mm/dd/yy) \_\_\_\_\_

**17.29.1.5 Eligibility of Student-Athletes (see Bylaw 14.2.4.6)** Select the appropriate option.

**The tour takes place during the summer.** The student-athletes in this team are eligible.

**The tour takes place after the academic year has started.** The student-athletes in this team are eligible.

**17.29.1.5.1 Incoming-Student Participation.** Select the appropriate option.

**The team has no eligible incoming student-athletes.**

**The team has eligible incoming student-athletes.**

**17.29.1.6 Practice Limitation.** Enter below the date for the first practice before departure and the number of practice sessions to be conducted before departure. If the practice sessions will not occur on consecutive dates provide an extenuating circumstance.

First practice date (mm/dd/yy) \_\_\_\_\_ Number of practice sessions \_\_\_\_\_

Practice sessions are consecutive     Practice sessions will not occur on consecutive days due to (enter anticipated reason): \_\_\_\_\_

**Athletics Director.** Signature indicates the trip will be in compliance with the NCAA 17.29 Foreign Tours legislation.

\_\_\_\_\_

<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
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**VP for Student Affairs.** Signature indicates authorization for this trip proposal. Route to the President's Office for final institutional authorization. If denied do not sign and return to the contact person.

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<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
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**President.** Signature indicates authorization for this trip proposal. Route to the contact person, with copy to the Provost Office, and to the International Center at [ICRSO@utdallas.edu](mailto:ICRSO@utdallas.edu). If denied do not sign and return to the contact person.

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<b>Name (print)</b>	<b>Signature</b>	<b>Date</b>
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