



**Faculty-Led Study Abroad  
Agreement regarding Accompanying Family Members**

**Program:**

**Dates:**

**Faculty Leaders:**

**Accompanying Family Members:**

**Faculty Agreement:**

As a faculty leader, I recognize that my priority during the program will be to attend to the needs of the students and the business of the program. I do not anticipate my family participating in the program in any formal way and I will take necessary steps to ensure any family members accompanying me have appropriate care arranged so as not to interfere with the program. Additionally, I ensure my family's needs will not interfere with my availability to fully participate in, and direct the program, as well as to address any emergencies that may arise.

If family members take part in program activities, I agree to reimburse the University of Puget Sound, or pay directly to any providers, for the cost of family members accompanying the program on excursions or any other activities that incur additional costs.

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Name \_\_\_\_\_ (Date) \_\_\_\_\_

**Office of International Programs Acknowledgement:**

I have discussed the above agreement with the faculty leaders.

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Roy Robinson \_\_\_\_\_ (Date) \_\_\_\_\_  
Director